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Strengthening FASD Systems

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AWARENESS
PREVENTION
ASSESSMENT
SUPPORT

Alberta's FASD Priorities

Alberta’s work on FASD focuses on strengthening awareness and prevention, improving access to high-quality assessment, and ensuring individuals and caregivers receive coordinated support across the lifespan. These priorities reflect an understanding that FASD is both preventable and lifelong, requiring consistent, compassionate action across systems.

Prevention efforts emphasize respectful, non-judgmental approaches that recognize the social and personal factors influencing alcohol use during pregnancy, including trauma, poverty, housing instability, mental health challenges, and social isolation. Rather than relying on blame-based messaging, initiatives promote culturally safe, relationship-based supports that reduce stigma and create environments where healthy choices are possible.

Another key focus is improving access to timely, accurate assessment and strengthening supports after diagnosis. Because FASD is complex, diagnosis depends on multidisciplinary teams using trauma-informed communication and functional assessment. Alberta is also working to improve equitable access across the province, including rural and northern communities.

Following diagnosis, the emphasis shifts to long-term, practical supports that help individuals succeed in school, employment, relationships, and daily life. Families and caregivers benefit from consistent guidance and recognition of their essential role. Together, these efforts strengthen a compassionate, evidence-informed system that promotes stability, dignity, and meaningful participation for individuals living with FASD.

A National Blueprint for System Improvement

In 2025, the Canadian Academy of Health Sciences released a comprehensive report synthesizing current evidence on fetal alcohol spectrum disorder across prevention, diagnosis, supports, and policy. The report brings together expert analysis, research findings, and system-level recommendations to identify where Canada's FASD response is progressing and where structural improvements remain necessary.

Rather than focusing on a single intervention or program, the report examines patterns across jurisdictions. It identifies uneven access to diagnostic services, workforce shortages, variability in prevention messaging, and fragmentation between sectors. These challenges are not new, but the report consolidates them into a coherent national picture supported by evidence.

A key contribution of the report is its emphasis on coordination. Effective prevention depends on consistent public health messaging and accessible supports. Accurate diagnosis requires trained multidisciplinary teams and equitable referral pathways. Long-term outcomes improve when housing, justice, education, and healthcare systems align their responses rather than operating independently.

The report underscores the economic and social implications of delayed identification and insufficient support. Early investment in coordinated prevention and intervention reduces long-term system strain. Data-informed planning and shared standards strengthen accountability.

Importantly, the report frames FASD as a lifelong condition requiring sustained attention across the lifespan. Recommendations extend beyond childhood services to include adult supports, justice system responses, and community integration.

For policymakers and service networks, the report functions as a blueprint. It does not prescribe a single model, but it clarifies principles: coordination, workforce development, shared data, and sustained funding. The message is that practical improvement depends on structural alignment and consistent implementation.

A Field Built on Quiet Devotion

Valentine's Day often highlights grand gestures. Flowers. Cards. Public declarations. But in the field of FASD, the work that changes lives is rarely dramatic. It is steady. It is deliberate. And it is often unseen.Teachers who adjust a lesson plan for the third time. Social workers who advocate for supports that may take months to secure. Health professionals who explain the same concept with patience and clarity. Caregivers who maintain routines that bring stability to a child whose brain processes the world differently. None of this makes headlines. Yet it is the foundation of meaningful progress. In FASD-informed practice, devotion does not look like intensity. It looks like consistency. It means understanding that behaviours are rooted in brain differences, not defiance. It means responding with structure instead of frustration. It means returning tomorrow, and the day after that, even when change is slow.This work requires knowledge. It requires collaboration. And it requires the kind of commitment that does not depend on recognition. Over time, these steady actions build trust, strengthen families, and create safer systems for individuals living with FASD.In a season that celebrates visible expressions of love, it is worth acknowledging the quieter form that sustains this field. Not sentimental. Not dramatic. Simply devoted to doing what works — and doing it again.

Evidence-Based Tools for Early Identification

A 2024 publication examining early screening and diagnostic assessment tools for fetal alcohol spectrum disorder reviewed the clinical utility and psychometric properties of measures commonly used in young children. The purpose was to clarify which tools offer meaningful support for early identification and which may have limitations in real-world settings.

Early identification remains a persistent challenge. Many children present with developmental concerns long before FASD is formally considered. Inconsistent screening practices, variability in tool selection, and uncertainty about interpretation can delay referral to multidisciplinary assessment. The study addresses this gap by evaluating available tools across cognitive, behavioural, and physical domains.The authors emphasize that no single screening instrument is sufficient. Measures that assess multiple domains—particularly those combining developmental indicators with behavioural observations—tend to provide more reliable guidance. Tools that are accessible to frontline professionals and supported by stronger psychometric evidence are especially valuable in community settings where specialist resources may be limited.

A key contribution of the paper is its focus on practical application. Rather than recommending overly specialized instruments, the review highlights tools that can reasonably be integrated into early childhood services, primary care, and community programs. This approach supports earlier recognition without requiring immediate access to full diagnostic teams.

The findings reinforce that screening serves as a bridge, not a conclusion. Structured tools can help professionals recognize patterns of concern and justify referral. When used appropriately, they reduce the likelihood that children cycle through multiple services before assessment is considered.

For systems seeking to strengthen diagnostic pathways, the study supports thoughtful tool selection and training. Early identification depends not only on awareness, but on equipping professionals with instruments that are both defensible and feasible.

Research-Informed Practice

A 2025 evidence-based guideline consolidated research on interventions for individuals living with fetal alcohol spectrum disorder, with particular attention to supports that demonstrate measurable benefit for children and families. Rather than focusing on isolated program descriptions, the guideline evaluates patterns across intervention studies to clarify what approaches show the strongest evidence.

"The guideline encourages systems to prioritize interventions that combine caregiver involvement, structured teaching, and practical environmental modification."

The findings reinforce a consistent theme: interventions are most effective when they are structured, practical, and adapted to neurodevelopmental realities. Caregiver education and training emerged as central components. When caregivers receive support to understand brain-based differences, expectations shift and strategies become more consistent. This alignment reduces conflict, improves daily functioning, and increases stability in home and school environments.

Skill-building programs targeting executive functioning, emotional regulation, and adaptive behaviour also demonstrated benefit when delivered with repetition and clear structure. Interventions that rely heavily on abstract reasoning or assume typical developmental progression were less effective. The guideline emphasizes that success depends on matching strategy to neurodevelopmental profile.

Importantly, the research underscores that support must extend beyond the individual. Environmental accommodations, predictable routines, visual supports, simplified instructions play a critical role. When environments adapt alongside individuals, outcomes improve.

The guideline does not suggest a single universal model. Instead, it provides a framework for decision-making grounded in available evidence. It encourages systems to prioritize interventions that combine caregiver involvement, structured teaching, and practical environmental modification.

For service providers and planners, the implications are clear. Supports for individuals with FASD are strongest when they are intentional, consistent, and grounded in evidence rather than assumption. Structured intervention reduces frustration for families and increases the likelihood of sustained improvement.

Effective support is not about intensity alone. It is about alignment.

Coordinated Service Alignment

A 2024 paper in the Journal of Applied Research in Intellectual Disabilities explores how integrated service delivery models can strengthen FASD prevention when prevention is positioned as part of a coordinated, system-wide approach rather than a stand-alone activity. The authors argue that prevention gains traction when it is structurally embedded within the broader service environment. They examine how prevention initiatives, diagnostic assessment services, and long-term community supports operate more effectively when connected through shared pathways, coordinated governance, and consistent messaging across sectors.

The paper focuses on the Alberta network model as a practical example. In this approach, prevention efforts—such as structured prevention conversations—are not treated as isolated awareness campaigns. Instead, they are intentionally embedded alongside multidisciplinary diagnostic clinics and ongoing community-based supports. Referral systems are designed to link individuals across services, while professional training reinforces common language and shared expectations. Prevention therefore becomes integrated into regional planning structures and operational frameworks rather than dependent on short-term projects or individual champions.

"When when prevention is connected to diagnostic processes and post-diagnostic supports, it becomes part of a continuous service experience."

A central contribution of the paper is its emphasis on alignment across sectors. When professionals in healthcare, social services, education, justice, and community agencies share terminology, referral protocols, and prevention messaging, individuals encounter fewer systemic barriers. Consistency reduces confusion, strengthens trust, and improves follow-through. For example, when prevention conversations in healthcare settings are reinforced by educators and community support providers using similar language and guidance, individuals receive a coherent message instead of fragmented advice. This alignment reduces duplication, minimizes service gaps, and supports continuity of care.

The authors also highlight the importance of visible system support. Prevention efforts are more likely to be sustained when they are formally recognized within governance structures, funding agreements, and professional standards. Standardized training linked to coordinated service delivery increases the likelihood that practitioners apply prevention approaches consistently. When prevention becomes embedded in organizational policy and accountability mechanisms, it moves beyond individual motivation and becomes normalized within professional practice.

Importantly, the paper suggests that sustainability depends on structural coherence. Isolated initiatives can produce short-term improvements in awareness, but without integration into referral pathways and assessment services, their impact may diminish over time. By contrast, when prevention is connected to diagnostic processes and post-diagnostic supports, it becomes part of a continuous service experience. Individuals encounter prevention messaging at multiple touchpoints, reinforcing understanding and increasing the likelihood of meaningful engagement.

The relevance of this work extends beyond Alberta. Jurisdictions seeking to refine or expand FASD strategies may benefit from examining how prevention functions within their broader systems. Shared governance, coordinated funding structures, and consistent referral pathways increase stability and reduce missed opportunities. The paper reinforces a practical policy principle: prevention is most effective when it is reinforced by the infrastructure around it. Integrated systems provide durability, clarity, and consistency—conditions that allow prevention efforts to move from intermittent campaigns to sustained practice.

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Let's Talk

The Prevention Conversation

It's time to talk about alcohol and pregnancy

NEAFAN.CA

Amy Tobin, B. Ed, is the FASD Prevention Conversation Facilitator with NEAFAN (Northeast Alberta FASD Network) and an adoptive mother of two. Prior to motherhood, she was an elementary school teacher with the Fort McMurray Public School District for six years. Her passion for FASD, and its prevention, began nine years ago when she became a mother via adoption and was introduced, personally, to the beauty and perplexity of parenting those with prenatal alcohol exposure. Since then, she has dedicated much of her time to learning about, and educating others, on the effects of alcohol during pregnancy and Fetal Alcohol Spectrum Disorder. Her approach is one that takes into consideration the complexities that adoption, generational, and cultural trauma can play within FASD.

PREVENTION CONVERSATION

The Prevention Conversation program aims to raise awareness of FASD and FASD Prevention among target populations including Healthcare and Social Service Providers, Women of Childbearing Age, Partners, Families, Friends and Caregivers. The Project is geared towards highlighting the importance of screening all women in child bearing age for alcohol use and the risks associated with FASD, improving supports for these women and promoting involvement of community members and primary care providers.

The Prevention Conversation is aimed at encouraging a community wide awareness of FASD and prevention, developing the skills within the community to engage in non-judgmental, empathetic conversations about alcohol use during pregnancy. The Prevention Conversation is centered around increasing knowledge of FASD through training service providers on the use of screening tools to engage women in the Prevention Conversation.

To book a **Prevention Conversation** presentation, please contact:

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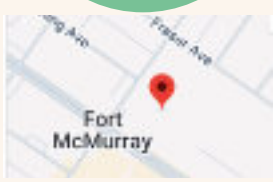

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